

Influenza Vaccine Advanced Order Form 2016-17

Facility_____ Contact_____ Pin_____

Address_____ Phone_____ Fax_____ Date_____

Shipping Instructions_____

Please indicate updates by circling any new information above

All orders for the 2016-17 influenza season must be received by: **February 26, 2016 at 5PM**

DIRECTIONS: Complete the boxes below with your requested number of doses of influenza vaccine. Base your request on eligibility criteria (see the box below), the influenza vaccine dosage schedule (ACIP resolutions for VFC vaccine can be found at <http://www.cdc.gov/vaccines/programs/vfc/acip-vfc-resolutions.htm>), and last season's demand. All orders are subject to approval. Orders will be limited based on vaccine availability and your facility's patient enrollment. Influenza vaccine shipments will begin Aug/Sep, 2016. Please keep a copy of your vaccine request and the fax confirmation if applicable.

Eligibility for VVFC Flu Vaccine is determined by age <19 years, and one or more of the following:
Medicaid/Medicaid HMOs/No Health Insurance/American Indian or Alaskan Native/Underinsured at FQHCs/RHCs
** please note that FAMIS is NOT VVFC eligible*

Eligibility for Adult Flu Vaccine is determined by age ≥19 years, and insurance status of Uninsured or Underinsured
(for vaccines not covered by insurance)

In a SHORTAGE situation, priority for VVFC influenza vaccine will be given to persons with high-risk factors.

If you are requesting vaccine for more than one facility/PIN, please indicate those PIN #s below:
(Vaccine will be shipped to the PIN indicated in the top right corner of this form)

This request includes vaccine for the following additional sites:_____

NOTE: VVFC requires Local Health Departments (LHDs) be notified of ALL plans for non-routine immunization clinics. Vaccine supply for these efforts must be coordinated with the LHD's knowledge. If VVFC vaccine is ordered for the event, you must ensure appropriate screening for VFC eligibility. Please call the VVFC office for appropriate forms to request vaccine administered outside your regular office hours. LHDs should also make an effort to notify local providers of flu clinic activity.

Please submit your order to:
Virginia Vaccines for Children
P.O. Box 2448
Richmond, VA 23218

Fax: (804) 864-8090 or 8089
e-mail: vvfc@vdh.virginia.gov

Vaccine for VVFC Patients	Doses Requested (in multiples of 10)
6 months - 35 months – <i>injectable</i>	doses
36 months - 18 years - <i>injectable</i>	doses
Healthy, 2 years – 18 years - <i>intranasal</i>	doses
Vaccine for Adult Patients (public providers only)	Doses Requested (in multiples of 10)
19 yrs +, uninsured/underinsured - <i>injectable</i>	doses
YOUR ADVANCED ORDER FOR INFLUENZA VACCINE WILL BE CONFIRMED VIA MAIL, INDICATING THE TOTAL DOSES YOUR FACILITY WILL RECEIVE. If you do not receive confirmation by June 30th, please contact the VVFC office.	